

*KBN*Nursing CONNECTION

Summer **2007** | Edition 12

**Don't overlook
your renewal reminder!**

**Renew online at kbn.ky.gov
July 1 through October 31.**

2007 *ANNUAL* LICENSE RENEWAL

POSTCARD SAMPLE

ANNUAL



RENEWAL

KENTUCKY BOARD OF NURSING

Official Publication of the Kentucky Board of Nursing

Ad FP Open



Explore Nursing at OMHS

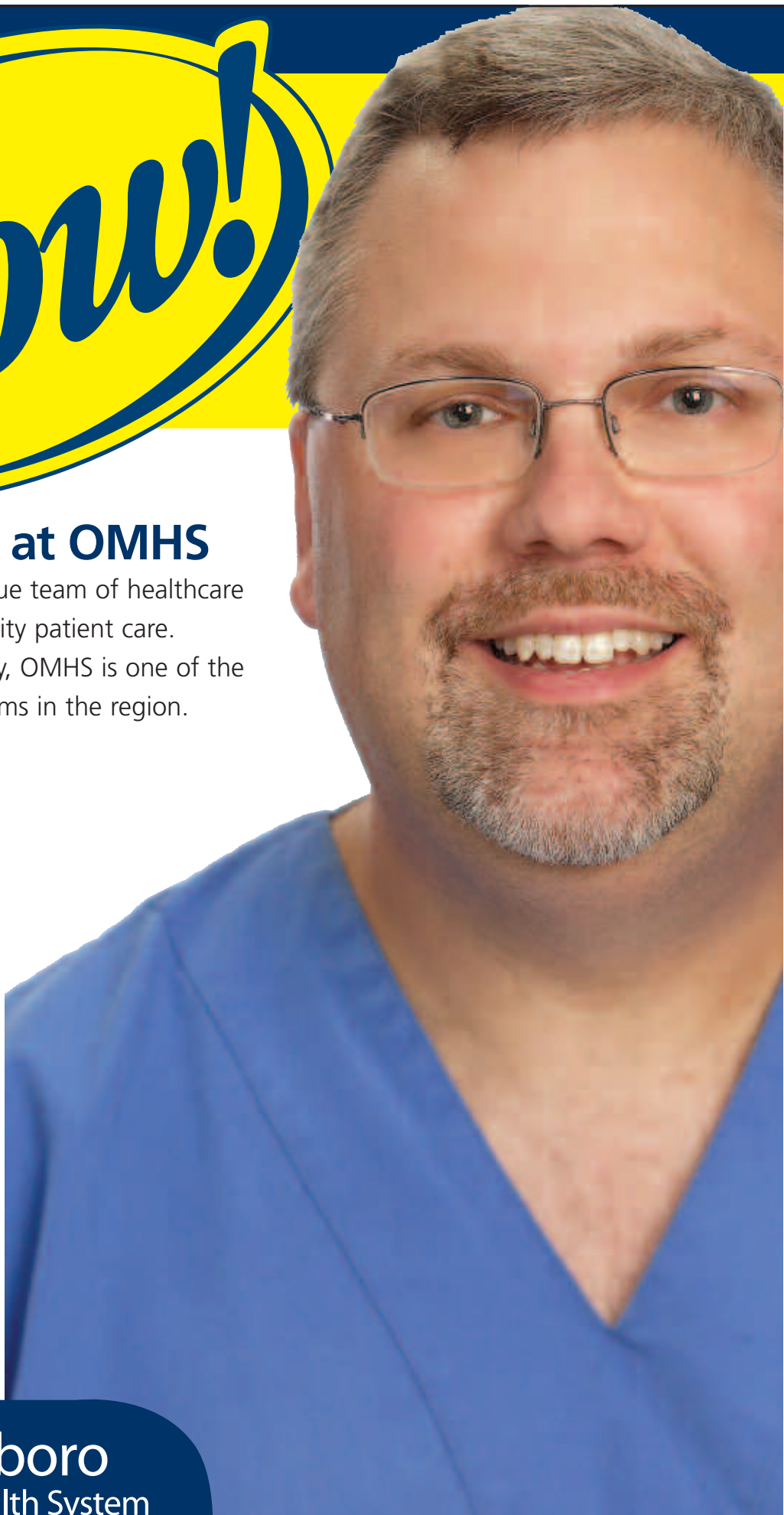
Learn how you can join a unique team of healthcare professionals dedicated to quality patient care.

Located in a vibrant community, OMHS is one of the most progressive hospital systems in the region.

- Nursing Scholarships
- LOW Patient/Nurse Ratio
- Competitive Salaries
- Buybacks
- Tuition Assistance
- Full Benefit Package
- Shift/Weekend Differential
- Reimburse Last Semester Tuition—Up To \$1,500!

**For a career guide
and DVD, call
(877) 227-3841**

**To apply on-line;
visit our website:
www.omhs.org**



Owensboro
Medical Health System

KBN MISSION

It is the mission of the Kentucky Board of Nursing (KBN) to protect public health and welfare by development and enforcement of state laws governing the safe practice of nursing.

Executive Director

Charlotte F. Beason, EdD, RN

BOARD MEMBERS:

President

Susan Davis, RN

Vice President

Peggy Fishburn, LPN

Secretary

Catherine Hogan, RN

Financial Officer

Jan Ridder, RN

Mabel Ballinger, *Citizen-at-Large*

Sally Baxter, RN

Patricia Birchfield, ARNP

Christe Coe, RN

Ann Fultz, LPN

Marcia Hobbs, RN

Jimmy Isenberg, RN

Carol A. Komara, RN

Melda Sue Logan, *Citizen-at-Large*

Deborah Phillips, LPN

Anne H. Veno, RN

Gail I. Wise, RN

EDITORIAL PANEL:

Sally Baxter, RN, *Chair*

Melda Sue Logan, *Citizen-at-Large*

Deborah Phillips, LPN

EDITOR:

Darlene Chilton

KBN does not necessarily endorse advertisements contained herein. The publisher reserves the right to accept or reject advertisements for the *KBN Connection*.

Information published in the *KBN Connection* is not copyrighted and may be reproduced. KBN would appreciate credit for the material used.

Direct questions or comments to:
KBNWebmaster@ky.gov.



CREATED BY: Publishing Concepts, Inc.

Virginia Robertson, President

vrobertson@pcipublishing.com

www.thinkaboutnursing.com

FOR ADVERTISING INFORMATION:

Michele Forinash

mforinash@pcipublishing.com

501.221.9986



Contents

Summer **2007** Edition 12

5 President's Message

7 Executive Director's Message

9 Patient Safety Issues

10 Education Corner

11 Consumer Protection Corner

12 Continuing Competency
Requirements

14 Licensure Corner

Statistics Corner

As of June 5, 2007, KBN records show:

RN Active	52,384
LPN Active	14,273
RN Retired	633
LPN Retired	436
Advanced Registered Nurse Practitioners	3,131
Sexual Assault Nurse Examiners	190
Dialysis Technicians Active	529
Dialysis Technicians Inactive	263



KBN Connection circulation
includes over 70,000
licensed nurses and nursing
students **in Kentucky.**

16 Kentucky Nursing
Excellence Award

16 Nurse Licensure Compact
Implementation

20 Practice Corner

22 Highlights of Board Actions

24 Disciplinary Actions

25 NCSBN selects Kentucky
Board of Nursing for Funding
to Implement Nurse
Licensure Compact

26 Enhancing Patient Care
Delivery Systems through
Improved Nursing
Engagement





PRESIDENT'S MESSAGE

The Kentucky Board of Nursing, members, and staff are preparing to draw closure to this fiscal year. On June 1, 2007, KBN hosted its Annual Conference at the Louisville International Convention Center. The conference brought practice and education together as the silos were opened and practitioners and educators faced the challenge of workforce development. The nursing shortage across the nation has been a topic of conversation for some time, but the realities of Kentucky were placed before us. The Commonwealth will be hit on two fronts – heavy retirements of the baby boomers from all health care settings and the rising number of baby boomers that will require health care services. Kentucky's elder population doubles to more than 1 million by 2025. Will we be ready to meet this need? Will there be educationally prepared and clinically competent health care providers in sufficient number to meet this need?

On August 29-31, 2007, following new Board appointments from Governor Ernie Fletcher, the Board team will be led by Dr. Jimmy Isenberg, President, and Dr. Charlotte Beason, Executive Director, on a retreat to Kentucky Dam Village to align the mission, vision, and values of KBN with a strategic plan that will ready this regulatory body for the work ahead. This will place the work of KBN in "days of review" as the members review the work done, issues addressed, legislative initiatives, accomplishments, and future priorities, including the work plan and project management.

The Task Force on Education Regulations concluded the review of all of the current regulations of RN and LPN prelicensure programs in the Commonwealth. These regulations have now been reviewed by the general public via the KBN website and the KBN Education Committee led by Dr. Gail Wise, Chair, and Dr. Patricia Spurr, Education Consultant. The full Board considered these recommendations at its open meeting held on June 14 and 15, 2007.

As the fiscal year closes, another task force is in the early stages of formation – the Task Force on Medication Administration by Unlicensed Assistive Personnel. Several states during the past year have passed legislation that regulates this delegated nursing function. The task force is charged with the review of settings and situations where medications are administered by unlicensed personnel, medication administration curricula, and training programs so that protection of the public is assured. This task force will be chaired by Dr. Jimmy Isenberg with support from Sharon Mercer, RN, MSN, Practice Consultant.

I am drawing to a close my year as President of the Kentucky Board of Nursing, and I want to thank KBN for this opportunity and will continue as an active Board member protecting the public.

Susan H. Davis, Ed.D., RN



Why our nurses yelled “Surprise!” in Room 5 North.

Brandon had a birthday party at Central Baptist Hospital.

He wasn't a patient.

In Room 5 North, Brandon's mom was very ill, and the boy was there every day to visit.

The nurses on the floor learned it was Brandon's eighth birthday.

They passed the hat, bought some presents, and decorated 5 North with balloons and streamers.

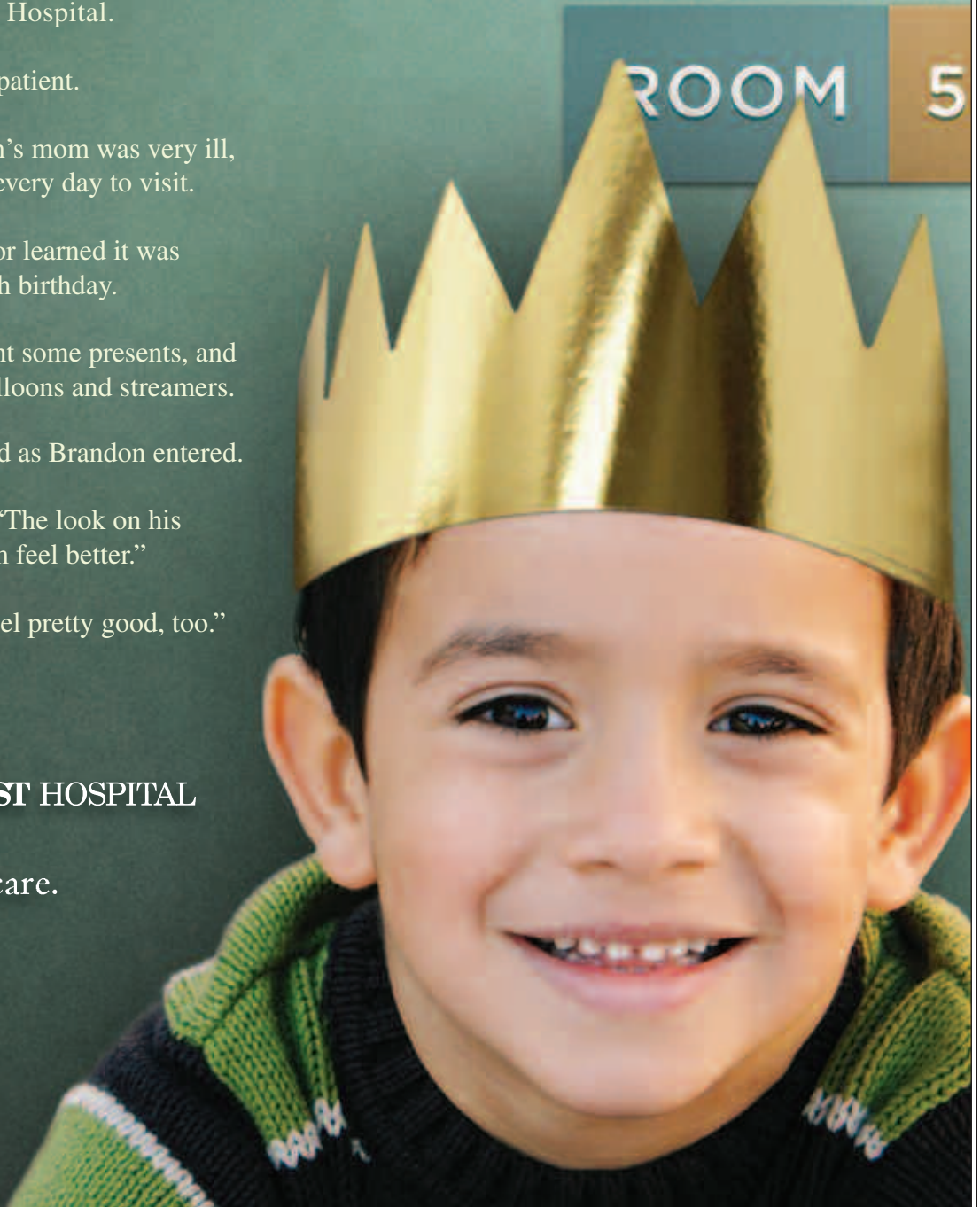
“Surprise!” they yelled as Brandon entered.

One nurse said later, “The look on his face made his mom feel better.”

She added: “It made us feel pretty good, too.”

CENTRAL **BAPTIST** HOSPITAL

This is care.



HEART CARE CANCER CARE STROKE CARE SPINE CARE ORTHOPAEDIC CARE WOMEN'S CARE CHILDREN'S CARE

For information about nursing opportunities at Central Baptist Hospital, call (859) 260-6122 or visit centralbap.com



EXECUTIVE DIRECTOR'S MESSAGE

Once more, KBN has a number of activities planned in the next few months that should be of interest to nurses across the Commonwealth. You will find specific information about online renewal and other board activities throughout this edition of the *KBN Connection*. You are also invited to submit articles for publication and, in this edition, you will see the first article selected for publication through our new solicitation and peer review process. Congratulations and thanks to the authors, Joy Knight and Sherill Cronin, for getting our process underway in such an excellent manner. In addition, I hope you will pay particular attention to the information I've listed below.

A SPECIAL MEETING LOCATION—On August 29, 2007, KBN will meet at Kentucky Dam Village. This meeting is open to the public, as are all board meetings. We hope those of you who live in the western part of the state and may not get to Louisville easily will be able to attend. It will be an opportunity to see the board in action and to meet the KBN members. Information regarding this and all board meetings can be found on the KBN website a few weeks before each meeting date.

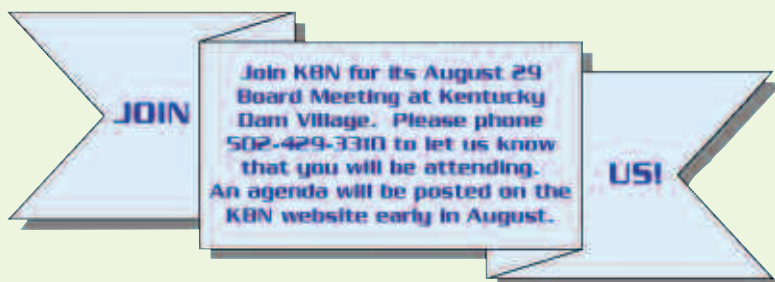
KBN ELECTS NEW OFFICERS. Each April, KBN elects officers who will serve from August through July of the coming year. The KBN staff and I are most grateful to these individuals who have agreed to add additional duties to their current volunteer roles with the Board. The slate of members elected to office for 2007-2008 are as follows: President: Jimmy Isenberg, RN; Vice President: Sally Baxter, RN; Secretary: Gail Wise, RN; and Financial Officer: Sue Davis, RN.

NURSE EXECUTIVES AND STAFF DEVELOPMENT COORDINATORS, WE NEED YOUR ASSISTANCE—If you or your facility is involved in KBN's study of the clinical internship, please complete and return your survey. This research study will only be successful if those randomly selected facilities and nurses take the time to respond to our inquiries. KBN has engaged two nurse researchers, Dr. Cynthia McCurren of the University of Louisville and Dr. Sherill Cronin of Bellarmine University and Jewish Hospital, to study the implementation of Kentucky's clinical nurse internship. The study will gather information from healthcare facilities and new graduates; all responses will remain anonymous. Nurse leaders from randomly selected hospitals, home health agencies, and nursing homes across the state will be contacted to participate in the study. Participation will include completion of a survey related to the expected standard competencies of the new graduate in relation to the clinical internship. The sample of new graduates will be those participating in the clinical internship at the selected facilities. Prior to starting the internship, a survey assessing nursing skills will be administered as a pre-test through the employment site; graduates will complete the same survey as a post-test at the conclusion of the internship. At no time will the responses of any individual or facility be identifiable.

Throughout the study process, YOUR support will be critical to the collection of valid data regarding the clinical internship. The researchers and KBN will make every effort to minimize what we ask of you, and we assure you that your information will be of maximum benefit to our evaluation.

KBN WILL ONCE AGAIN HAVE A BOOTH AT THE STATE FAIR. Last year's booth was quite successful, so we're repeating the "performance." KBN will be at the Kentucky State Fair August 16-26, 2007, starting at 9 a.m. each day. We hope you will stop by to chat with us, learn about the Nurse Licensure Compact, and even renew your Kentucky nursing license online while you are at the fair. You will find information at the exhibit that we hope you can use and share with your colleagues as well. Topics include nursing education, investigation and discipline information, the KARE program, and much more. This will be a time to meet KBN staff, and we look forward to meeting you! We will be located in the South Wing at the Health Horizons Exhibit.

For more information about any of KBN's activities, check our website at www.kbn.ky.gov or phone us at 502-429-3300 and, by all means, have a grand Kentucky summer!



Charlotte F. Beason, Ed.D., RN

WHY ARE WE KENTUCKY'S MOST AWARDED HOSPITAL?



BECAUSE WE HAVE KENTUCKY'S MOST OUTSTANDING ASSOCIATES.



Excellent patient care comes from excellent associates...and leads to growth. We have opportunities in a variety of fields at all three of our campuses: Saint Joseph Hospital and Saint Joseph East in Lexington, and Saint Joseph Berea. And our nationally recognized Heart Institute continues to expand, so we are very interested in talking to Cath Lab professionals.

Call Michele Allard at 859.313.1710, e-mail her at allardm@sjhlex.org or visit our website at saintjosephhealthcare.org to explore careers with us



† CATHOLIC HEALTH
INITIATIVES

Saint Joseph HealthCare

One Saint Joseph Drive Lexington, KY 40504

We offer competitive salary, excellent benefits, free parking and on-site daycare. EOE

Criminal Prosecution of Human Error: Dangerous Consequences

Article reprinted from *ISMP Medication Safety Alert! Nurse Advise-ERR* (March 2007, Volume 5, Issue 3), with permission by the Institute for Safe Medication Practices.

In the past few months, three fatal medication errors have captured news headlines; according to these news reports, criminal investigations are being considered in each case. If the criminal investigations proceed, felony indictments could be levied against some or all of the practitioners involved in these errors. While each of these events resulted in a tragic loss of life, the representation of these events as criminal acts is likely to have an adverse effect on our healthcare system and its critical patient safety improvement initiatives.

- In one case, a 44-year-old woman died in an emergency department after receiving 8,000 mg of phenytoin IV instead of 800 mg. The experienced nurse who administered the overdose (which required 32 vials [50 mg/mL, 5 mL] from several automated dispensing cabinets) has been targeted for criminal investigation.
- In another case, a 2-year-old child died while undergoing chemotherapy after a pharmacy technician mistakenly prepared her infusion using 23.4% sodium chloride instead of 0.9%, and the pharmacist failed to notice the error. Criminal investigation of the event is under consideration.
- In a third case, an elderly woman died after receiving an IV injection of potassium phosphate that was supposed to be given via a feeding tube. Court actions have been filed to request a change in the cause of death from an accident to homicide.

Though we cannot shed light on the causes of these errors, our experience with analyzing sentinel events and other errors strongly suggests that underlying system vulnerabilities played a role in each of the errors. While we are not in a position to judge the behavioral choices

made by involved staff who were working within these potentially flawed systems, we are deeply concerned about the recent events that have shed light on the criminalization of human errors in healthcare, including the criminal indictment of a Wisconsin nurse mentioned in prior newsletters.^{1,2}

Safety experts and the criminal justice system seem to be at odds regarding the proper course of action to take when a fatal error occurs. Safety experts advocate for a more just path for individuals involved in adverse events, arguing that punishment simply because the patient was harmed does not serve the public's interest. Its deterrent effects on learning far outweigh its negligible impact on improving individual performance.

Even some professional associations and licensing boards have taken exception to the criminal prosecution of human error,³ citing that, if warranted, the licensing boards can adequately protect patients from reckless or incompetent healthcare practitioners by limiting or revoking their licenses. Safety experts and many licensing boards agree that the criminal system need only be invoked in rare cases of purposeful harm, such as a healthcare professional who molests a vulnerable patient, for individuals like this would pose a threat to both patients and society as a whole.

In the January/February 2007 issue of *The Just Culture Community News and Views*, David Marx, JD, provides valuable insight into how we have arrived at this impasse between healthcare providers and the criminal justice system.⁴ According to Marx, about 55 years ago, the U.S. Supreme Court traced the birth of "criminal" human error, or what is now called "public welfare offenses" to our industrial revolution. Before then, both an evil hand and an evil mind (intent to harm) were needed to label an activity as criminal. But since the advent of powerful machines that, through individual behaviors, could cause significant harm, an evil mind is no longer required for an action to be considered a crime. For example, automobile drivers who have been involved in an accident that caused the death of another individual might be prosecuted in most states for vehicular homicide, even if the death resulted from a human error such as failing to notice a

stop sign. The reality is that mere human errors that randomly occur in well-meaning people are now considered "criminal" in a number of circumstances where public safety is an issue. As noted in *The Just Culture Community News and Views*,⁴ "For whoever is unlucky enough to make one of these errors, criminal charges are only an indictment away."

Marx⁴ also contrasts the tenets of "criminal" human error with the notions of a Just Culture. In a Just Culture, human error is typically consoled as long as the individual's behavioral choices were not reckless. Thus, the quality of one's behavioral choices dictates accountability, not the human error itself and/or the severity of its outcome. In contrast to the criminal system, the question within a Just Culture is not whether harm occurred, but whether the individual consciously disregarded what he or she knew to be a substantial and unjustifiable risk.

The most recent wave of criminal investigations into errors made by healthcare practitioners is cause for concern. The law clearly allows for the criminal indictment of healthcare professionals who make errors that harm patients, despite the lack of intent to cause harm. But it will long be debated whether this course of action is required or beneficial. Its potential impact on patient safety is enormous, sending the wrong message to healthcare professionals about the importance of reporting and analyzing errors. Further, if this is just the beginning of an upward trend of criminal investigations and indictments in the wake of medical errors, it could also have a chilling effect on the recruitment and retention of an already depleted workforce of healthcare professionals.

Most healthcare professionals unwittingly put themselves at risk for criminal indictments when they enter the profession. They are fallible human beings destined to make mistakes along the way, as well as to drift away from safe behaviors as perceptions of risk fade when trying to do more in resource strapped professions.⁴ But it may not take long for practitioners to see that they have put themselves in harm's way, forced to accept punishment from the criminal (and civil) system for honest mistakes. Many practitioners already fear making that one error that could harm a patient.

PATIENT

Safety Issues

Continued

Escalating application of criminal error laws serves as a reminder that a harmful error—often similar in form to minor mistakes we all make daily—could also strip away a hard-earned and cherished livelihood and personal freedoms perhaps once taken for granted.

For more information on this important topic, please visit www.justculture.org/downloads/newsletter_janfeb07.pdf to read the January/February 2007 issue of *The Just Culture Community News and Views*.

REFERENCES: 1) ISMP Medication Safety Alert! Since when is it a crime to be human? 2006; 11(23):2. 2) ISMP Medication Safety Alert! News update: Tragedy brings a measure of good. 2007; 12(1):2. 3) Wisconsin Nurses Association. Nurses stunned by criminal charges. November 3, 2006. Accessed at: www.wisconsinnurses.org/docs/WNA%20Press%20Release%202011.3.06.pdf. 4) The Just Culture Community News and Views. The Criminal Edition. Marx D, Cassidy KM. Eds. January/February 2007.

EDUCATION CORNER

Notice of ANCC Changes: How They Affect KBN Licensees

by **Patricia Spurr, MSN, EdD, Nursing Education Consultant**

In November of 2005, the American Nurses Credentialing Center (ANCC) Commission on Accreditation voted to remove the limitation of one contact hour minimum. Kentucky regulations required that nursing continuing education for license renewal be a minimum of one contact hour in length – partial hours over one hour are accepted. There is no plan at this time to remove the one contact hour minimum from the Kentucky regulations.

The 2006 revision of the ANCC Manual for accreditation of approved providers, the definition of a contact hour was changed from a 50 minute hour to a 60 minute hour effective January 1, 2007. A number of the other national nursing continuing education providers are also implementing this change.

The majority of state boards of nursing that approve continuing education providers define a contact hour as 50 minutes of participation; some, like Arkansas, define a contact hour as 50 or 60 minutes of participation.

KBN will continue to accept continuing education approved by other state board of nursing or national nursing organizations/associations. Contact hours will be determined by the contact hours listed on the certificate, regardless of whether the provider uses a 50 or 60 minute contact hour. Refer to the KBN website at <http://kbn.ky.gov> for a complete list of approved providers.

bluegrass healthcare staffing

registered nurses
up to **\$42.00**
per hour

**IMMEDIATE NEED:
REGISTERED NURSE
EMERGENCY DEPARTMENT**

contract and per diem staffing
local and regional staffing

**days/nights
12-hour shifts**

ICU/TELE/MEDICAL/ED/OR/L&D/NURSERY

apply online:

www.bluegrasshealthcare.com

2452 Ogden Way
Lexington, KY 40509

office: **859.333.5577**

24 hr. on-call: **859.330.2572**

fax: **859.523.6802**

email: info@bluegrasshealthcare.com

"a company of nursing excellence"



GALEN | EXCELLENCE
COLLEGE OF NURSING | in Nursing Education



**ASSOCIATE RN DEGREE | LPN to RN PROGRAM | LPN PROGRAMS
PART-TIME and FULL-TIME | DAY or EVENING
ALL COURSES INCLUDED**

MAIN CAMPUS
1031 Zorn Avenue, Suite 400
Louisville, Kentucky 40207

EXTENDED CLASSROOM
612 South Fourth Street, Suite 400
Louisville, Kentucky 40202

(502) 582-2305 or 1-866-307-0198
www.galencollege.edu

CONSUMER PROTECTION CORNER

Disciplinary Case Review by Ann Tino, RN, BSN, Certified Nurse Investigator, Consumer Protection Branch

Disclaimer: Although disciplinary action taken by KBN is a matter of public record, the identity of this nurse will not be revealed and will be referred to as Nurse EE.

Nurse EE has been licensed with KBN since 1998. She worked in the newborn nursery of a hospital. Nurse EE was reported to KBN for not following policy for infant identification. She gave two infants to the wrong mothers to breast feed. I am sure this could be a mother's worst nightmare as well as a nurse's worst nightmare. Upon the facility investigation, it was determined that Nurse EE followed proper procedures for identifying the newborns at the start of the shift. However, the last time the infants were taken out to feed, Nurse EE only called the baby's last name as she entered the door and admitted that she failed to properly check the armbands of the infants. Apparently, the infants were switched in their cribs sometime between the first time they were taken out and the last time. No one could ever determine how that happened, but since it was clear that Nurse EE failed to consistently follow the correct procedure for patient identification she was terminated and subsequently reported to KBN.

From an Investigator's standpoint, this case exhibited a clear violation of the Kentucky Nursing Laws. However, due to the nature of the complaint and the fact that I received numerous excellent letters of recommendation from her cur-

rent employer, as well as from the facility that reported her to KBN, the case was taken to the Credentials Review Panel (CRP). This panel reviews cases and provides direction to KBN staff for final resolution of pending complaints.

The Panel recommended Nurse EE be issued a letter of concern for not following proper procedure in patient identification. A letter of concern is not considered formal disciplinary action. It is not reported in the *KBN Connection* nor is it reported to the National Council of State Boards of Nursing (NCSBN). It remains in the nurse's file and would only be disclosed through a written request under the Kentucky Open Records Act.

As horrible as the complaint was, any one of us could have been in Nurse EE's shoes. This was definitely an unfortunate experience for all those involved, but it resulted in a learning experience for Nurse EE and a good wake up call for all of us. This case takes us back to the basics. We were all taught to check to make sure we have the correct patient, the correct medication, the correct dose, the correct route. We all can get too comfortable in our environment and relaxed in what we know we should be doing. As I have said before, you worked hard for your license ... and you have to work even harder to protect it.

For practice related issues, contact our Nursing Practice Consultant at 502-429-3307 or toll-free at 1-800-305-2042, ext 231.

If you embrace the mission of superior care, we want you on our team.



- Competitive Salaries
- Clinical Ladder Program
- Self Scheduling
- Shared Governance Model
- On-site Childcare
- On-site Health Club
- Tuition and Scholarship Programs

Coming in the fall of 2007

- Clinical Information System
- Wireless Clinical Communication System
- Opening of the new South Tower

www.methodisthospital.net • 270-827-7540 • Henderson, KY 42420



CONTINUING COMPETENCY REQUIREMENTS

by **Mary Stewart**, Continuing Competency Program Coordinator

Earning Periods for All Nurses

Nurses are required to renew their license on a yearly basis. The CE/competency earning period is the same as the licensure period, i.e., November 1 through October 31.

Earning Period LPNs and RNs	For Renewal By	#CE Hours
11/1/07 – 10/31/08	10/31/08	14 or equivalent
11/1/08 – 10/31/09	10/31/09	14 or equivalent

CE Information Concerning Annual Renewal

According to KBN Administrative Regulation 201 KAR 20:215, validation of CE/competency must include **one** of the following:

1. Proof of earning 14 approved contact hours; **OR**
2. A national certification or recertification related to the nurse's practice role (in effect during the whole period or initially earned during the period); **OR**
3. Completion of a nursing research project as principal investigator, coinvestigator, or project director. Must be qualitative or quantitative in nature, utilize research methodology, and include a summary of the findings; **OR**
4. Publication of a nursing related article; **OR**
5. A professional nursing education presentation that is developed by the presenter, presented to nurses or other health professionals, and evidenced by a program brochure, course syllabi, or a letter from the offering provider identifying the licensee's participation as the presenter of the offering; **OR**
6. Participation as a preceptor for at least one nursing student or new employee undergoing orientation (must be for at least 120 hours, have a one-to-one relationship with student or employee, may precept more than one student during the 120 hours, and preceptorship shall be evidenced by written documentation from the educational institution or preceptor's supervisor); **OR**
7. Proof of earning seven approved contact hours, **PLUS** a nursing employment evaluation that is satisfactory for continued employment (must be signed by supervisor with the name,

address, and phone number of the employer included), and cover at least six months of the earning period.

8. Certain college credit courses may be used to meet CE requirements.

Nursing courses, designated by a nursing course number, and courses in physical and social sciences, such as Psychology, Biology, and Sociology, will count toward CE hours. **One semester credit hour equals 15 contact hours; one quarter credit hour equals 12 contact hours.**

Note: Prelicensure general education courses, either electives or designated to meet degree requirements, are NOT acceptable, nor are CPR/BLS, in-service education, nor nurse aide training. ACLS or PALS courses ARE acceptable for CE hours if given by an approved provider.

Additional information about CE/competency can be found on the KBN website at <http://kbn.ky.gov/education/ce.htm>.

Domestic Violence CE Requirement:

Nurses seeking reinstatement, licensure by endorsement from another state, and examination candidates educated outside of Kentucky must earn three contact hours of KBN approved domestic violence CE within three years of licensure into Kentucky. This is a one-time earning requirement. Do not submit a copy to KBN unless requested to do so. Any approved CE provider may offer the mandatory domestic violence course provided that, as a minimum, the model curriculum is approved by the Domestic Violence Training Committee of the Governor's Commission on Domestic Violence.

Pharmacology and Sexual Assault CE Requirements:

ARNPs are required to earn five contact hours of approved CE in pharmacology. Sexual Assault Nurse Examiners (SANE) credentialed nurses must earn five contact hours of approved sexual assault CE (forensic medicine or domestic violence CE will meet this requirement). These hours count as part of the CE requirement for the period in which they are earned, and must be offered by an approved CE provider. See the list of national nursing organizations recog-

nized by KBN for CE on the KBN website at <http://kbn.ky.gov/education/ce/natlorgs.htm>.

HIV/AIDS CE Requirements:

The two hours of mandatory HIV/AIDS CE can be earned once every ten years. The LPN earning period is from 11/1/2001 – 10/31/2011; RN from 11/1/2002 – 10/31/2012. The HIV/AIDS course must be approved by the Cabinet for Health and Family Services or offered by an approved CE provider (see the list of national nursing organizations recognized by KBN). Nurses are required to maintain proof of earning the CE for up to 12 years.

CE Requirements for New Licensees:

All licensees are exempt from the CE/competency requirement for the first renewal period of the Kentucky license issued by examination or endorsement. If an individual does not renew the original license, the exemption for the CE/competency is lost and all CE requirements must be met before the license can be reinstated.

Individual Review of CE Offerings Presented by Organizations NOT Recognized by KBN:

If a college course does not fall within the designated categories (see #8 of CE Information Concerning Renewal), and a nurse feels the course is applicable to his/her nursing practice, an Individual Review Application may be submitted to KBN for review of the course. Contact the KBN office or go to <http://kbn.ky.gov> to obtain the form, then return it to the KBN office with requested materials and the \$10 non-refundable application fee. Individual Review Applications must be submitted by November 30 of the licensure year. KBN will notify the individual of the review outcome (i.e., approval or rejection) within about six weeks of receipt of the submitted materials. A notification of CE/competency approval should be retained for a minimum of five years. Individual review is not required if an offering is approved for CE by an organization recognized by KBN. A complete list of these organizations is available on the KBN website at <http://kbn.ky.gov/education/ce/natlorgs.htm>.

Join the fastest growing hospital in the state

AND TAKE YOUR CAREER TO THE NEXT LEVEL

Pikeville Medical Center is a 261-bed facility located in Pikeville, KY. With the tremendous advancements being made and the expansion of several services, there are many opportunities available for enhancing your career.

Registered Nurses

- Critical Care
- Surgical Nursing
- Medical Nursing
- Inpatient Oncology
- Surgical Services

Current KY RN license and CPR certification is required. Previous experience preferred.

Licensed Practical Nurses

- Home Health

Nurse Practitioners

- Pain Management

We offer outstanding benefits, a great working environment and some of the best technology you will find anywhere.

"Pikeville Medical Center is special because of the relationship I am able to establish with my patients. The team work atmosphere and PMC's capability to continuously offer the best in technology and services, gives me the opportunity to grow."

**-Flora White, RN
Medical Nursing**



"My job at Pikeville Medical Center gives me the opportunities of a Big City Hospital in a small community. The ability to be challenged daily and the family atmosphere I feel amongst my co-workers reinforces my decision to work at PMC."

-Chad Johnson, RN, SICU



Contact

Brian Mullins
Pikeville Medical Center
911 Bypass Road Pikeville, KY 41501
Ph: (606) 218-3504 Fax: (606) 437-9708
brian.mullins@pikevillehospital.org

Apply in person

Human Resources, located on
the second floor of the May Tower.
Hours: M-F: 8 a.m. - 4:30 p.m.
You may apply online at
www.pikevillehospital.org
to download an application or apply online.



**PIKEVILLE
MEDICAL
CENTER**
Equal Opportunity Employer

Annual Renewal Postcard Notification

In June, renewal postcard notifications were mailed to all nurses holding an active license. The front of the postcard is pictured on the cover of this *KBN Connection* edition. If you moved and have not updated your address with KBN, please do so as soon as possible. You may change your address from our website at <http://kbn.ky.gov>; the changes you make will be entered into our database as soon as you submit the data.

Mandatory Online Renewal Information

FEES: RN: \$50
LPN: \$50
ARNP: \$40 for each designation
SANE: \$35

All RNs, LPNs, ARNPs and SANEs must renew online. KBN's renewal website [<http://kbn.ky.gov>] is a secure system located behind two firewalls, using the highest level of encryption available. Using any computer with Internet access, a licensee may renew a license at any time of day, on any day of the week, and receive immediate notification that your renewal information was received by KBN.

The renewal link is accessed using the last four digits of your social security number, RN or LPN license number (ARNPs use their RN license number), and date of birth. The license number that you enter will be the license that is renewed. Payment can be made using a MasterCard or Visa credit or debit card, or you may choose to have the payment deducted directly from your checking (personal or business) or savings account. Prepaid credit cards are also available from many banks.

When you click on the "submit" button at the end of the online renewal process, you are attesting that you have or will have met the continuing competency requirement by October 31. Similarly, when you click on the "submit" button at the end of the RN-ARNP renewal, you are attesting that you have met both the continuing competency requirement and that you have current national certification. **DO NOT** submit evidence of continuing competency earnings, national certification, or of primary state of residence unless requested to do so.

Access to the online renewal link will be **DISABLED** at midnight, Eastern Time, October 31, 2007, when the renewal period ends. **KBN strongly recommends that you NOT wait until the last week of the renewal period to renew your license.** If you fail to renew before the renewal period ends and/or you did not submit required documentation by that date, your license will lapse, and you will have to reinstate your license. You may not practice as a nurse in Kentucky if your license has lapsed. Documentation required before a license will be renewed includes:

1. Court records and letters of explanation, if you answer "yes" to the criminal activity question.
2. Board certified orders and letters of explanation, if you answer "yes" to the disciplinary history question.
3. Documentation from your ARNP national certification organization if you answer "yes" that your ARNP national certification was probated.
4. Other documentation requested by KBN staff.

Nurse Licensure Compact and Kentucky License Renewal

In preparation for the implementation of the National Licensure Compact (NLC), KBN began asking all applicants for licensure to declare their state of primary residence. This declaration is necessary when determining whether a nurse seek-

ing licensure in Kentucky will receive a Kentucky multistate license, a single state Kentucky license ["Valid Only in Kentucky" printed on the license card], or will be denied a Kentucky license and referred to the declared state of primary residence.

The NLC requires that a nurse have only one multistate license, and it must be issued by the state of primary residence. Evidence of primary residence would be a valid driver's license, voting registration card, or a federal income tax return. Do not provide evidence of primary residence unless requested to do so.

The only exception to the requirement for one license issued by the state of primary residence is for the nurse who practices **ONLY** in a military/federal facility. If you declare a compact state as your state of primary residence **AND** declare that you practice **ONLY** in a military/federal facility, you may be issued a Kentucky single state license [Valid Only in Kentucky].

If you declare your state of primary residence to be a compact state and **DO NOT** practice **ONLY** in a military/federal facility, you must hold a license issued by the state of your primary residence. You will not be able to renew your Kentucky license.

Declaration of Primary Residence

To assure that your selection of a state of primary residence is accurately reflected in the KBN database, please follow the technical tip listed below.

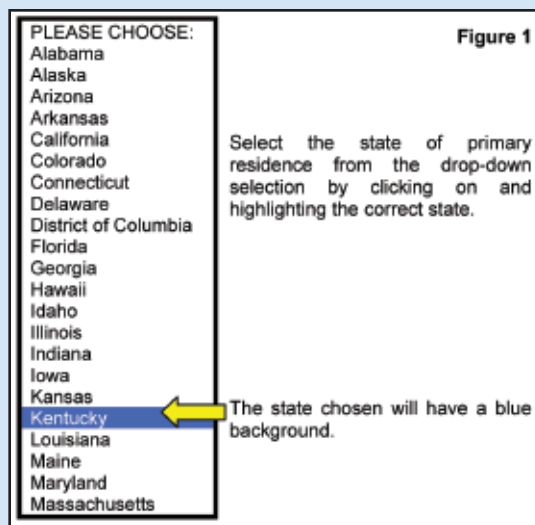


Figure 1

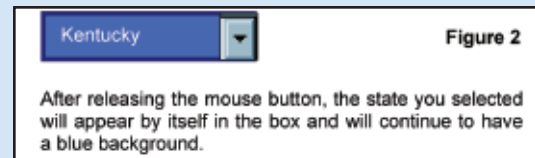


Figure 2

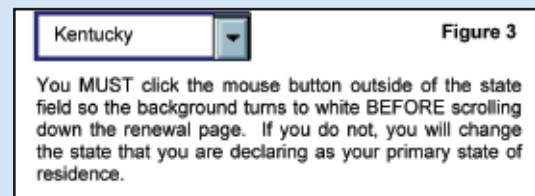


Figure 3

ARNP Renewal

If you are renewing your ARNP registration and your Kentucky RN license, you **MUST** use the RN-ARNP link on the renewal web page. From this link, you will renew your RN

license and your ARNP registration simultaneously, for the combined fee of \$90 [RN-\$50 and ARNP-\$40].

If you are registered as an ARNP in two or more designations [i.e., nurse midwife and nurse practitioner] and want both designations to be active, you must renew each designation. The fee for renewing each ARNP designation is \$40 per designation, plus the \$50 RN renewal fee.

If your primary residence is a compact state, you must provide the name of the state and the expiration date of the multistate RN license you hold before you will be able to renew your Kentucky ARNP registration. You must continue to keep your multistate RN license active in the state of your primary residence during the period of time that you practice as an ARNP in Kentucky. If your compact RN license lapses, you may not practice as an ARNP in Kentucky.

SANE Renewal

Before you will be able to renew your SANE certification, you must renew your RN license from the RN-LPN renewal link. When you have completed that process, proceed to the SANE link to renew your SANE certification. If you are a SANE and an ARNP, renew your RN-ARNP first (see above information) and then renew your SANE credential from the SANE link.

If your primary residence is a compact state, you must provide the name of the state and the expiration date of the multistate RN license you hold before you will be able to renew your Kentucky SANE credential. You must continue to keep your multistate RN license active in the state of your primary residence during the period of time that you practice as a SANE in Kentucky. If your compact RN license lapses, you may not practice as a SANE in Kentucky, even though your Kentucky SANE credential is current.

VA: DEPARTMENT OF VETERANS AFFAIRS

The Lexington VA Medical Center is seeking experienced nurses for the following positions:

The Lexington VA Medical Center is seeking experienced nurses for the following positions:

- **Full Time RN's -Endoscopy**

ACLS certification required
conscious sedation administration/monitoring experience a must

- **Full Time RN's- Med/Surg, ICU, Telemetry**

- **Full Time LPN's**

Psychiatry and Long Term Care

Contact Judith Young, Nurse Recruiter, at (859) 281-3961. Fax # - (859) 281-3967 or Human Resource Management Service at (859) 281-3927. Fax # - (859) 281-3994.

E-mail resume to: Judith.Young1@med.va.gov

Detailed information related to positions at
www.usajobs.opm.gov

An Exceptional Benefits Package

RN's start with 5 Weeks Vacation/Year

Out of State Licensure Accepted

EOE/Drug Test

EOE

Military Nurses Deployed Overseas

If you are a military nurse and will be deployed overseas during the renewal period, you have two options:

1. Submit a copy of the official overseas deployment orders to KBN. Your license will be renewed to reflect an expiration date through the renewal period that corresponds with your deployment orders. You are not required to submit a fee, and you are exempt from meeting the continuing competency requirement.
2. Do nothing until you are reassigned to the USA. You will have 90 days after your return to request the renewal of your license. You must submit a copy of the orders you receive for your reassignment to the United States. You will not be required to pay the renewal fee, and you will be exempt from meeting the continuing competency requirement.

Paper Renewal Applications

Paper renewal applications will be available for an additional fee of \$40. This fee does NOT include the renewal fees listed previously. To request a paper renewal application, you must return the designated portion of the renewal notification postcard and a check or money order in the amount of \$40. A paper application will be mailed to you. When you return the paper renewal application to KBN, you must include the appropriate renewal fee. Paper applications will be mailed after September 10, 2007. It may take up to 4 weeks to process the paper applications for renewal.

Retired Licensure Status

All RNs and LPNs may apply online at <http://kbn.ky.gov> for a retired licensure status at any time. There is a one-time processing fee of \$25. The retired licensure status does not

"Charting Our Course to Excellence"

Central State Hospital...



Central State Hospital is a progressive adult psychiatric hospital located in Louisville, KY. Our mission is to provide high quality psychiatric care for adults with serious mental illnesses in order to successfully return them to community living. We are aggressively searching for compassionate and knowledgeable nurses to join our professional staff.

Positions available:

Quality Improvement Nurse

- **RNs**

- **LPNs**

Quality Improvement Nurse Must have BSN with current Kentucky license. Master's degree preferred. Must have four to six years in teaching nursing, administration of continuing nursing education programs, development of nursing program. Psychiatric setting preferred. Must have the ability to interpret and explain regulations/policies, and conduct staff development training courses. Most qualified candidate will also have two years of experience with JCAHO Accreditation.

RN and LPN candidates must have a current unrestricted license in KY. Psychiatric experience preferred but is not required. Candidates must have computer competency in approved hospital systems as well as excellent written and verbal communication skills. We offer a competitive salary and benefits package.

Equal Opportunity Employer F/M/D/V/S

Make Central State Hospital your employer of choice.

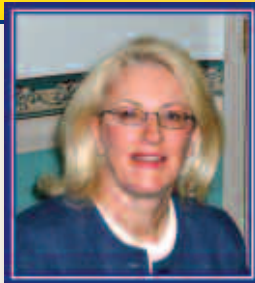
Send resume:
Recruitment Administrator
10510 LaGrange Rd.
Louisville, KY 40223
Fax: 502.253.7435
esh.recruiter@ky.gov

have to be renewed and, therefore, does not expire. To return to an active licensure status, you would have to reinstate your license. If you have any questions, contact Lou Johnson at LouL.Johnson@ky.gov.

Name Change

A copy of a legal name change document and \$35 fee are required before a name change can be made. Acceptable documentation includes: marriage certificate, divorce decree (showing the return to another name), other legal name change document, or a social security card.

During the renewal period, it is best that you submit the documentation and fee to change your name at least 3 weeks prior to renewing your license. You can see when your name has been changed in the KBN database by accessing the basic validation system on the KBN website. If you renew before your name has been changed in the KBN database, a license card in your previous name will be issued.



KENTUCKY NURSING EXCELLENCE AWARD

The Kentucky Board of Nursing 2007 nominee for the Kentucky Nursing Excellence Award is Bernadette "Bernie" Sutherland, MSN, RN, and KBN Practice Consultant.

Over a span of 24 years, Bernie has provided an exceptional degree of commitment and leadership in her positions with the Kentucky Board of Nursing. She is recognized for her multiple contributions to assuring safe nursing practice to citizens of the Commonwealth and also for her extensive knowledge and expertise in nursing practice regulation. Outstanding, caring customer service to Board members, staff, nurses, and the public has been a hallmark of her career. During her tenure with KBN, Bernie has demonstrated a keen sense of responsibility, professionalism, poise, and "grace under fire." She is deeply respected by her colleagues and associates in the regulatory arena in Kentucky and at the national level. A graduate of Eastern Kentucky University and the University of Tennessee at Knoxville, Bernie practiced nursing over 13 years in acute care as a staff nurse and cardiovascular clinical nurse specialist, and as prelicensure nursing faculty before joining KBN.

As Bernie retires from the Kentucky Board of Nursing, we wish her "fair winds and smooth sails." We are pleased to nominate her for the Kentucky Nursing Excellence Award in recognition of her legacy of regulatory and practice excellence.

Nurse Licensure Compact Implementation *by Sue Derouen, RN, Operations Manager*

By the time this article is printed, Kentucky will have joined 20 other states in implementing the Nurse Licensure Compact (NLC). This mutual recognition model of licensure permits a registered nurse (RN) or a licensed practical nurse (LPN) to hold one license in his or her home state (primary state of residency) and to practice in other compact states (referred to as remote states). Advanced registered nurse practitioners (ARNPs) are still required to obtain authorization in each state to practice as ARNPs. Nurses working in Kentucky, but living in a non-compact state, are issued a single state license that is "valid only in Kentucky." The following states have implemented the NLC: Arizona, Arkansas, Delaware, Idaho, Iowa, Kentucky, Maine, Maryland, Mississippi, Nebraska, New Hampshire, New Jersey, New Mexico, North Carolina, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, and Wisconsin.

The Kentucky Board of Nursing (KBN) did not recall license cards since the KBN licensure renewal period starts in July 2007. As of June 1, 2007, the validation of licensure on the KBN website states licensees who declare a non-compact state as their primary residence have a license that is "valid only in Kentucky." Kentucky licensees who declared

another compact state as their primary residence were sent letters in March instructing them to obtain licensure in their compact state of primary residence. As of June 1, 2007, the validation of licensure on the KBN website shows a Kentucky license of a RN or LPN who declared another compact state as his/her primary state of residence has been invalidated. The unencumbered (no discipline or monitoring agreement) license of a RN or LPN who declared Kentucky as their primary residence automatically became a compact license on June 1, 2007.

When Kentucky licensees renew their license during the 2007 renewal period, any licensee who declares a non-compact state as their primary residence will have a license card marked "valid only in Kentucky." Licensees who declare Kentucky as their primary state of residence will receive a license card without any compact wording. An unencumbered Kentucky RN or LPN license is automatically a compact license with the "multi-state privilege to practice" in any compact state. The NLC provides that the nurse be held accountable for the nursing practice laws and other regulations in the compact state where the nurse is practicing. The nurse with a compact license is held account-

able to the licensure laws in his/her primary state of residence.

Implementing the NLC is an extensive undertaking for any board of nursing. KBN is the first board to receive a \$50,000 contract award from the National Council of State Boards of Nursing (NCSBN) under a grant that NCSBN received from the Health Resources and Services Administration's (HRSA) Office for Advancement of Tele-health to assist with the cost of implementing the NLC. Please refer to the NCSBN press release on page 25. KBN is very pleased to be the first board of nursing to receive this grant and appreciates this assistance in defraying some of the NLC implementation cost.

Kentucky is proud to join the other participating states in the Nurse Licensure Compact. This state based, nationally recognized, and locally enforced licensure model enhances public safety by improving communication between the participating boards of nursing and provides for nurse mobility during times of disaster. The compact removes antiquated barriers to practice, improves access to and continuity of care, and is vital for nurses practicing in tele-health, case and disease management, discharge planning, and locum tenens.

IWU'S NURSING PROGRAMS OFFERED ONLINE OR IN CLASSROOM



Bachelor's Completion Program for RNs

Master of Science Degree in Nursing

- Primary Care Nursing*
- Nursing Administration
- Nursing Education

Post-Master's Certificate

All programs allow you to:

- Complete your degree in 18-30 months
- Attend class one night a week at a convenient location near your work or home or complete your degree entirely online
- Learn from instructors who combine academic credentials with professional expertise
- Register once with no waiting in line and have books and materials delivered to your home
- Go through the entire course of study with the same group of students

*available only in classroom-based format

CLASSROOM-BASED PROGRAMS

866-IWU-4-YOU

ONLINE PROGRAMS

888-IWU-2-DAY



INDIANA
WESLEYAN
UNIVERSITY

www.indwes.edu/NursingPrograms

THE
RIGHT
TIME.

THE
RIGHT
PROGRAM.

GET YOUR BSN —

Without Putting Your Life on Hold.
See for yourself with a free virtual classroom demo.

JACKSONVILLE
UNIVERSITY
SCHOOL OF NURSING

➞ Call 800-571-4934

➞ Visit JacksonvilleU.com/PC06

Jacksonville University's School of Nursing is accredited by the Commission on Collegiate Nursing Education (CCNE). | Financial aid opportunities available. | Made available by University Alliance Online. | ©2006 Bisk Education, Inc. All rights reserved. | SC 191734ZJ1 | MCID 2742

NURSE DISCIPLINARY DEFENSE

Brian R. Good
provides legal
representation
to nurses with
issues before
the Kentucky
Board of
Nursing.



PLLC

*Valenti, Hanley,
& Robinson*

- Board Investigations
- Board Application Issues
- Formal Board Complaints
- Administrative Hearings
- Appeals
- Criminal Defense

www.vhrlaw.com

(502) 568-2100 • Louisville, KY

Start Your Career in the Healthcare Field!



Licensed Practical Nurse
Registered Nurse

Now Offering
Massage Therapy!

Call Today!
502-447-1000
800-264-1799
www.spencerian.edu

Spencerian College
Quality education for today's diverse careers

4627 Dixie Highway • Louisville, KY 40216

Kings Daughter feature

Kings Daughter feature

In April 2007, KBN approved revisions to Advisory Opinion Statement #10, entitled *Roles of Nurses in the Care of Intrapartum Patients*. The revisions address the roles of nurses in the application of pressures during labor. The AOS is provided below:

KENTUCKY BOARD OF NURSING

312 Whittington Pky, Ste 300

Louisville, KY 40222-5172

Website: kbn.ky.gov

AOS #10 Intrapartum Care

(Revised 4/2007)

ADVISORY OPINION STATEMENT

ROLES OF NURSES IN THE CARE OF INTRAPARTUM PATIENTS

Introduction

The Kentucky Board of Nursing (KBN) is authorized by Kentucky Revised Statutes (KRS) Chapter 314 to regulate nurses, nursing education and practice, and to issue advisory opinions on nursing practice, in order to assure that safe and effective nursing care is provided by nurses to the citizens of the Commonwealth.

KBN issues advisory opinions as to what constitutes safe nursing practice. As such, an opinion is not a regulation of the Board and does not have the force and effect of law. It is issued as a guidepost to licensees who wish to engage in safe nursing practice.

Accountability and Responsibility of Nurses

KRS 314.021(2) holds nurses individually responsible and accountable for rendering safe, effective nursing care to clients and for judgments exercised and actions taken in the course of providing care.

KRS 314.021(2) imposes individual responsibility upon nurses. Acts which are within the permissible scope of practice for a given licensure level may be performed only by those licensees who personally possess the education and skill proficiency to perform those acts in a safe, effective manner.

Nursing practice should be consistent with the Kentucky Nursing Laws, established standards of practice, and be evidence based.

Statutory Definition and Policy

KRS 314.011(6) defines "registered nursing practice" as:

...The performance of acts requiring substantial specialized knowledge, judgment, and nursing skill based upon the principles of psychological, biological, physical, and social sciences in the application of the nursing process in:

- The care, counsel, and health teaching of the ill, injured or infirm;
- The maintenance of health or prevention of illness of others;
- The administration of medication and treatment as prescribed by physician, physician assistant, dentist, or advanced registered nurse practitioner and as further authorized or limited by the board, and which are consistent either with American Nurses' Association Standards of Practice or with Standards of Practice estab-

lished by nationally accepted organizations of registered nurses. Components of medication administration include, but are not limited to:

1. Preparing and giving medication in the prescribed dosage, route, and frequency, including dispensing medications only as defined in subsection (17)(b) of this section;
2. Observing, recording, and reporting desired effects, untoward reactions, and side effects of drug therapy;
3. Intervening when emergency care is required as a result of drug therapy;
4. Recognizing accepted prescribing limits and reporting deviations to the prescribing individual;
5. Recognizing drug incompatibilities and reporting interactions or potential interactions to the prescribing individual; and
6. Instructing an individual regarding medications.

d) The supervision, teaching of, and delegation to other personnel in the performance of activities relating to nursing care; and

e) The performance of other nursing acts which are authorized or limited by the board, and which are consistent either with American Nurses' Association Standards of Practice or with Standards of Practice established by nationally accepted organizations of registered nurses.

KRS 314.011(10) defines "licensed practical nursing practice" as:

...The performance of acts requiring knowledge and skill such as are taught or acquired in approved schools for practical nursing in:

- a) The observing and caring for the ill, injured, or infirm under the direction of a registered nurse, a licensed physician, or dentist;
- b) The giving of counsel and applying procedures to safeguard life and health, as defined and authorized by the board;
- c) The administration of medication or treatment as authorized by a physician, physician assistant, dentist, or advanced registered nurse practitioner and as further authorized or limited by the board which is consistent with the National Federation of Licensed Practical Nurses or with

Standards of Practice established by nationally accepted organizations of licensed practical nurses;

d) Teaching, supervising, and delegating except as limited by the board.

e) The performance of other nursing acts, which are authorized or limited by the board and which are consistent with the National Federation of Licensed Practical Nurses' Standards of Practice or with Standards of Practice established by nationally accepted organizations of licensed practical nurses.

KRS 314.011(8) defines "advanced registered nursing practice," in part, as:

...The performance of additional acts by registered nurses who have gained added knowledge and skills through an organized post-basic program of study and clinical experience and who are certified by the American Nurses' Association or other nationally established organizations or agencies recognized by the board to certify registered nurses for advanced nursing practice. The additional acts shall, subject to approval of the board, include but not be limited to prescribing treatment, drugs, devices, and ordering diagnostic tests. Advanced registered nurse practitioners who engage in these additional acts shall be authorized to issue prescriptions for and dispense nonscheduled legend drugs as defined in KRS 217.905, and to issue prescriptions for but not to dispense Schedules II through V controlled substances as classified in KRS 218A.060, 218A.070, 218A.080, 218A.090, 218A.100, 218A.110, 218A.120, and 218A.130, under the conditions set forth in KRS 314.042 and regulations promulgated by the Kentucky Board of Nursing on or before August 15, 2006. (a)... The performance of these additional acts shall be consistent with the certifying organization or agencies' scopes and standards of practice recognized by the board by administrative regulation.

Advisory Opinion

Based upon KRS 314.021(2), nurses are responsible and accountable for their decisions regarding the care of intrapartum patients.

After review of the statutes governing nursing practice, the STANDARDS FOR PROFESSIONAL NURSING PRACTICE IN THE CARE OF WOMEN AND

NEWBORNS, (AWHONN) (2003), and the knowledge and skills required to provide nursing care for intrapartum patients, the Kentucky Board of Nursing issued the following opinion:

- The **initial and ongoing nursing assessment** of intrapartum patients should be performed by a registered nurse who possesses cognitive knowledge, competent skill, and expertise in obstetric nursing. The performance of **a manual vaginal examination** to assess dilation, effacement of the cervix, and/or station of the fetus is within the scope of registered nursing practice.



- The **application of fetal scalp leads/electrodes and insertion of intrauterine pressure catheters** for internal fetal monitoring based upon a documented order of the physician or a written medically approved protocol, are within the scope of registered nursing practice when the membranes have been ruptured spontaneously, or by a physician, or by an advanced registered nurse practitioner, designated nurse midwife. The **artificial rupture of membranes** is not within the scope of registered nursing practice, but is within the scope of practice of the advanced registered nurse practitioner, designated nurse midwife.

The licensed practical nurse may assist in the care of intrapartum patients under the direct supervision of the registered nurse or physician; however, it is not within the scope of licensed practical nursing practice to perform manual vaginal examinations, apply fetal scalp leads, or insert intrauterine pressure catheters. For more information, see Kentucky Board of Nursing AOS #27 entitled *Components of Licensed Practical Nursing Practice*.

Nurses who care for intrapartum patients should provide care according to the STANDARDS FOR PROFESSIONAL NURSING PRACTICE IN THE CARE OF WOMEN AND NEWBORNS (AWHONN) (2003), and according to appropriately established policies

and procedures of the healthcare facility which are consistent with the definitions of nursing practice. Nurses are responsible for having adequate educational preparation and clinical experience in the care of intrapartum patients. Registered nurses should have documented evidence of completion of continuing education, which provided for supervised clinical practice and demonstration of competency in the performance of the application of fetal scalp leads and intrauterine pressure catheters. The registered nurse who performs intrauterine pressure catheter insertion should possess substantial specialized knowledge and skill in intrapartum nursing practice, and should successfully complete both a basic and advanced fetal monitoring course, which includes catheter insertion, maintenance, and monitoring.

Application of Suprapubic Pressure and Fundal Pressure

The registered nurse may NOT apply fundal pressure during the second stage of labor, including but not limited to, the following clinical circumstances: a) in the presence of a non-reassuring fetal heart rate pattern, b) maternal exhaustion, or c) in instances of shoulder dystocia.

Under specified conditions, it is within the scope of registered nursing practice for a labor and delivery registered nurse to perform fundal pressure and suprapubic pressure when stipulations for safe practice are present, as listed below. The performance of such pressures is not within the scope of licensed practical nursing practice. It is the advisory opinion of the Board that a registered nurse may apply suprapubic pressure during the vaginal delivery of a fetus with suspected shoulder dystocia or breech delivery. A registered nurse may apply gentle fundal pressure for the purposes of preventing the upward displacement of the presenting part during fetal scalp electrode placement, and during an amniotomy when the vertex presentation is not ballotable. A registered nurse, who is scrubbed and is a member of the surgical team, may apply fundal pressure during a cesarean section.

As referenced above, KBN advises that stipulations for safe practice include but are not limited to the following:

1. The registered nurse is educationally prepared and clinically competent in the performance of the procedures. The educational preparation should include but not be limited to instruction in the application of and rationale for the procedures and how the procedures differ. The educational preparation for performance of pressures is directed by a licensed health care professional, such as a licensed physician with substantial specialized knowledge, judgment and skill related to obstetrics, or an ARNP designated nurse midwife, or a registered nurse with docu-

mented clinical knowledge and competency in the application of pressure.

2. For each registered nurse expected to perform pressures, the facility maintains written documentation of each registered nurse's initial and continued competency to perform pressures.
3. The registered nurse practices according to Kentucky Nursing Laws, generally accepted standards of care, and evidence based practice.
4. A licensed physician or an ARNP designated nurse midwife is present in the room and directing the performance of pressure.
5. All necessary resources are available.
6. The facility/agency has detailed policies and procedures in place addressing all aspects of this issue including, but not limited to: specific guidelines/criteria for these procedures and a mechanism of data collection for quality control.
7. The facility's policy and procedures is reviewed and approved by the Departments of Nursing and Medicine both initially and at planned periodic intervals.
8. The labor and delivery registered nurse documents the performance of pressure and the results of its application in the maternal medical record.

It is inappropriate for a registered nurse to perform suprapubic pressure or fundal pressure when the application of these technical procedures is beyond the parameters of the registered nurse's education, capabilities, or experiences. Although the determination of medical procedures and patient's medical status is a medical decision, the registered nurse has the right and the obligation to question orders and decisions which are contrary to acceptable standards and to refuse to participate in procedures which may result in harm to the patient.

Determining Scope of Practice

KRS 314.021(2) holds all nurses individually responsible and accountable for the individual's acts based upon the nurse's education and experience. Each nurse must exercise professional and prudent judgment in determining whether the performance of a given act is within the scope of practice for which the nurse is both licensed and clinically competent to perform. The Kentucky Board of Nursing has published the Scope of Practice Determination Guidelines, which contains a decision tree chart providing guidance to nurses in determining whether a selected act is within an individual nurse's scope of practice now or in the future. A copy of the guidelines may be purchased from the Board office, or downloaded from the KBN website at <http://kbn.ky.gov>.

Approved: 4/85
Revised: 1987; 1992; 1/93; 2/05; 4/07

HIGHLIGHTS OF BOARD ACTIONS

Executive Director Report

Directed KBN staff to convene an ARNP Joint Dialogue Group to begin discussion of current issues facing advanced practice, and how they might best be addressed in Kentucky.

Directed Jefferson Community & Technical College to submit a response by May 21 to include a timeline in which the Practical Nursing Program will be implemented. Then, within 10 days of completion, JCTS is to submit a response notifying KBN of its completion

Accepted the proposed amended administrative regulations 201 KAR 20:370 and 411.

Education Committee

Beckfield College, Florence, Associate Degree Nursing Program:

- Accepted the March 5-6, 2007, Survey Visit Report for the adherence to regulations pursuant to the first graduating class.
- Accepted the requirements to be met as stated in the report. Further directed that the program submit a response by May 21, 2007, to include a timeline for the correction of each "requirement to be met" identified in the report.
- Directed that the program shall validate active status of the nursing license of all employed faculty members and clinical instructors no later than one week following receipt of this notification and respond in writing to KBN as to outcomes. All remaining requirements must be met by October 20, 2007, with a final report as to the final resolution of each identified requirement.
- Directed that should the program's response to this site visit not provide satisfactory response to all requirements, the program administrator and the college president appear before the Board to provide justification as to non-adherence to requirements. At that time, KBN is to consider application of the provisions of 201 KAR 20:280, Section 2(2)(d)3, which may include limiting or denying future admissions for a specified period of time to assist the program to meet standards.
- Directed KBN to conduct a follow-up visit to the program to evaluate adherence to Kentucky regulations 201 KAR 20:250-360.
- Directed that the status be changed from initial to conditional until such time that the program adheres to all Kentucky state regulations to the satisfaction of KBN.

Gateway Community & Tech College, Edgewood, Associate Degree Nursing Program:

- Accepted the January 18-19, 2007, Survey Visit Report for the adherence to regulations pursuant to the first graduating class.
- Accepted the requirements to be met as stated in the report. Further directed that the program submit a response by May 21, 2007, to include a timeline for the correction of each "requirement to be met" identified in the report.
- Directed that a final report be received by October 20, 2007, with the final resolution of each identified requirement.
- Directed that should the program's final report as to the resolution of each requirement not provide satisfactory response, the program administrator and the college president shall appear before the Board to provide justification as to non-adherence to requirements. At that time, KBN may consider application of the provisions of 201 KAR 20:280, Section 2(2)(d)3, which may include limiting or denying future admissions for a specified period of time to assist the program to meet standards.
- Directed KBN to conduct a follow-up visit to the program to evaluate adherence to Kentucky regulations 201 KAR 20:250-360.
- Directed that the status be changed from initial to conditional until such time that the program adheres to all Kentucky regulations to the satisfaction of KBN.

Morehead State University, Mt. Sterling Extension, Associate Degree Nursing Program:

- Accepted the January 26, 2007, focused site visit report.
- Directed that one month prior to the admission of the first class, the program notify KBN and submit required information as noted.
- Directed that the program submit a progress report at the conclusion of the first semester/term documenting the implementation of the program as compared to the proposal.
- Approved developmental status.

National College, Pikeville:

- Accepted the March 1, 2007, Site Visit Report to the proposed prelicensure program of nursing.
- Accepted the requirements to be met as stated in the report.
- Since the proposal to establish a prelicensure program of nursing does not clearly articulate the criteria for the approval of a nursing program as identified in 201 KAR 20:280 (Standards for Prelicensure Registered Nurse and Practical Nurse Program), the program must resubmit the proposal providing additional, substantial information focusing specifically on the program outcomes and the curriculum.

Southeast Kentucky Community & Technical College, Cumberland, Associate Degree and Practical Nursing Programs:

- Accepted the February 27-28, 2007, Survey Visit Report.
- Accepted the requirements to be met as stated in the report.
- Directed that the program submit a response by May 21, 2007, to include a timeline for the correction of each "requirement to be met" identified in the report.
- Directed that a final report be received by October 20, 2007, with the final resolution of each identified requirements.
- Directed that if the program's final report as to the resolution of each requirement not provide satisfactory response, the program administrator and the college president shall appear before the Board to provide justification as to non-adherence to requirements. At that time, KBN may consider application of the provisions of 201 KAR 20:280, Section 2(2)(d)3, which may include limiting or denying future admissions for a specified period of time to assist the program to meet standards.
- Directed that the programs be retained on full approval status.

Bluegrass Community & Technical College, Harrodsburg (in cooperation with Harrodsburg Area Technical Center), Practical Nursing Program:

- Accepted the March 5, 2007, focused site visit report for the proposed experimental prelicensure program of nursing.
- Accepted the requirements to be met and recommendations as stated in the report.
- Directed that the proposed program be granted developmental approval status pending receipt of additional requested materials.
- Directed that the program notify KBN when the first class is admitted and provide the target date for completion of the program.
- Directed that the program submit a progress report within three months of entrance of the first class documenting the implementation of the program proposal to include the following: admission details; copy of the student handbook; copy of each syllabus for the 1st semester; list of faculty as assigned by course; list of signed clinical agreements; the plan for clinical site per course for upcoming academic year; and document the progress of each student and their outcome related to nursing.
- Directed that during the second semester of the program, contact the KBN Education Consultant to arrange a site visit with both the faculty and the students prior to program completion.

Brown Mackie College, Ft. Mitchell, Associate Degree Nursing Program:

- Approved the proposed curriculum change (addition of PN 1000, Introduction to Nursing, and deletion of PN 2250, Meeting the Needs of the Client Receiving IV Therapy).

Practice Committee

Approved the following revised advisory opinion statements:

- #08 – Role of the Registered Nurse First Assistant
- #10 – Roles of Nurses in the Care of Intrapartum Patients

Approved letters of response to the following opinion requests: scope of licensed practical nursing practice in teaching non-licensed caregivers to administer medication; whether the performance case management services as an "integrated case manager/behavioral health specialist" is within the scope of registered nursing practice.



Consumer Protection Committee

Approved the following guidelines:

- Review of Criminal Convictions and Disciplinary Action from other Jurisdictions (revised)
- Disposition of Cases by Staff per Direction of Credentials Review Panel—File Away or Letter of Concern (revised)
- Evaluation of a Minor Incident

KBN Connection Editorial Panel Meeting

Approved the revised scope and function statement.

Approved the "Guidelines for Submission of Guest Articles in the *KBN Connection*."

Directed that the article "Enhancing Patient Care Delivery Systems through Improved Nursing Engagement (SOARS)" will be published in the summer edition of the *KBN Connection*.

Agreed that the article, "What are YOU going to do with your advanced degree?" does not fall within the publication guidelines.

Disciplinary Actions

Approved nine Proposed Decisions as written and amended two Proposed Decisions.

MIDWAY COLLEGE

Nursing needs you.

Kentucky needs you.

Whether you are just completing high school, advancing your career, changing professions, or attending college for the first time as an adult, **Midway College has a Nursing Program for you!**

We offer Kentucky's **ONLY** accelerated ADN program, with classes meeting only two evenings a week in a flexible schedule designed for working adults. Our 2006 nursing graduates achieved a 95 percent pass rate on the NCLEX national licensing exam.

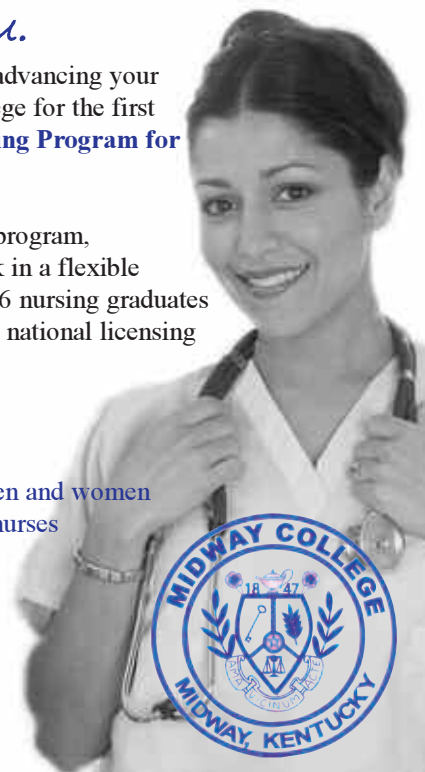
Ask about our:

- Traditional ADN program
- Accelerated ADN program (evenings) for men and women
- Accelerated RN-BSN program for working nurses

1-800-755-0031

www.midway.edu

Midway College is an Equal Opportunity Institution



**It's not just lawyers
who make big money
on legal cases.**



As a **Legal Nurse Consultant** on litigation teams, you'll earn up to **\$150/hr!**

This exciting, comprehensive Legal Nurse Consulting Certification Program will thoroughly prepare you for a law firm or the courtroom. It includes marketing and writing workshops and one-on-one mentoring taught by Civil Trial Attorneys!

- Louisville, KY – September 11-13, 2007
- Nashville, TN – August 14-16, 2007
- Indianapolis, IN – August 28-30, 2007

Contact us at 704-319-5516 or 888-888-4560.

Visit www.LNCcenter.com
Apply Online

FINANCING AVAILABLE

**40-Day Home Study
Certification Program
now available!** EOE



DISCIPLINARY Actions

* License has not been returned to KBN

Since the publication of the spring edition of the *KBN Connection*, the Board has taken the following actions related to disciplinary matters as authorized by the *Kentucky Nursing Laws*. A report that contains a more extensive list of disciplinary actions is available on the KBN website at <http://kbn.ky.gov/conprotect/invest-discp/disciplinary.htm>. If you need additional information, contact KBN's Consumer Protection Branch at 502-429-3300.

LICENSE DENIED

Funston, Jacqueline B. Gross	RN Applicant/Endorsement	Covington, KY	Eff. 4/20/07
------------------------------	--------------------------	---------------	--------------

LICENSE PERMANENTLY SURRENDERED

Crowe, Robert Leslie	RN #1100575	Highland Heights, KY	Eff. 4/26/07
----------------------	-------------	----------------------	--------------

IMMEDIATE TEMPORARY SUSPENSION OF LICENSE

Booker, Angela Marie Durham	LPN #2034857	Louisville, KY	Eff. 4/19/07
Cox, Nicole A.	LPN #2037527	Campbellsville, KY	Eff. 4/19/07
* Honeycutt, Kathern Ann Allen	RN #1099914	Parkers Lake, KY	Eff. 5/10/07
* Middleton, Jeanetta Lynn	LPN #2036558	Hebron, KY	Eff. 6/06/07
* Roper, Rhonda Jean	RN #1092255	Lexington, KY	Eff. 4/19/07
Smith, Janet F. McDonald	RN #1056911	Corbin, KY	Eff. 4/27/07
* Sparks, Darlene McIntosh	LPN #2031951	Lexington, KY	Eff. 4/19/07
* Stiles, Susan Lynn	RN #1079116	Bowling Green, KY	Eff. 5/02/07
* Tutt, Stacey Jo Mason	LPN #2032206	Louisville, KY	Eff. 5/10/07
* Ware, Tara M.	RN #1100591	Winchester, KY	Eff. 4/19/07

LICENSE/CREDENTIAL VOLUNTARILY SURRENDERED

Ayers, Kimberly Denise Ray	LPN #2029181	Henryville, IN	Eff. 5/25/07
----------------------------	--------------	----------------	--------------

LICENSE IMMEDIATELY SUSPENDED OR DENIED REINSTATEMENT FOR FAILURE TO COMPLY WITH BOARD ORDER; STAYED SUSPENSION IMPLEMENTED OR TERMINATION FROM THE KARE PROGRAM

* Abbott, Helen Patricia Edelen	RN #1049846	Louisville, KY	Eff. 4/30/07
* Braun, Christine E. Abel	RN #1106080	Vevay, IN	Eff. 4/19/07
* Chinn, Cynthia D, Hill	RN #1065881	Beaver Dam, KY	Eff. 5/18/07
	LPN #2019791		
* Cohen, Andre Kostalanti	LPN #2038554	Radcliff, KY	Eff. 6/07/07
* Cox, Kara Michelle	LPN #2038757	Somerset, KY	Eff. 6/06/07
* Hughes, Candi M.	RN #1101877	Isom, KY	Eff. 4/13/07
* Wise, Christie Lynn Caldwell	RN #1075467	Frankfort, KY	Eff. 4/30/07

LICENSE/CREDENTIAL CONTINUED ON SUSPENSION

Dunn, Robin Dawn Pate	LPN #2037847	Louisville, KY	Eff. 4/20/07
Inman, Jamie L.	RN #1063041	Nicholasville, KY	Eff. 4/20/07
Rightmyer, Bobbi D. Sallee	RN#1066962	Harrodsburg, KY	Eff. 5/25/07

LICENSE/CREDENTIAL VOLUNTARILY SURRENDERED

Kilgore, Tiffany Susan Cline	LPN #2036941	Olive Hill, KY	Eff. 5/10/07
Martin, Sharon Denise McKinney	RN #1076926	Mayfield, KY	Eff. 5/17/07
	LPN #2022837		
Thorpe, Alice M. Young	RN #1076520	London, KY	Eff. 4/26/07

LICENSE/CREDENTIAL DENIED REINSTATEMENT

Carter, Keveilia E. Taylor	DT Credential #8000514	Louisville, KY	Eff. 4/20/07
Doan, Kimberly J. Roberts	LPN #2029119	Lancaster, KY	Eff. 4/23/07
Fox, Tamara Leah Moore	LPN #2040251	Morganfield, KY	Eff. 4/20/07

ADMIT TO EXAM LIMITED/PROBATED

Faszold, Gregory Pius	RN Applicant/Exam	Louisville, KY	Eff. 4/20/07
-----------------------	-------------------	----------------	--------------

LICENSE TO BE REINSTATED - LIMITED/PROBATED

Besig, Peggy A. Underwood	RN #1048770	Louisville, KY	Eff. 4/26/07
Richardson, Lisa Jo Mozzali	RN # 1080551	Louisville, KY	Eff. 4/20/07

LICENSE TO BE REINSTATED - ADMITTED TO KARE PROGRAM

Hunzicker, Glenda L. Wills	RN #1054810	Covington, KY	Eff. 4/20/07
Thelen, Carol L. Pennington	RN #1067868	Edgewood, KY	Eff. 4/20/07

LICENSE TO BE REINSTATED - REPRIMAND

Wiseman, Libby Jo Thomas	RN #1087540	Ravenna, KY	Eff. 4/20/07
--------------------------	-------------	-------------	--------------

REPRIMAND

Bowling, Patricia Merritt
Justice, Kimberly Dawn Elliott

RN #1036007
RN #1094039

Winchester, KY
Pikeville, KY

Eff. 5/10/07
Eff. 4/26/07

CONSENT DECREES ENTERED FISCAL YEAR TO DATE

Imposition of civil penalty for practice without a current active license, temporary work permit, or ARNP registration	34
Imposition of civil penalty for failure to meet mandatory continuing education requirement	58
Imposition of civil penalty for a positive drug screen	11

LICENSES REMOVED FROM PROBATION FISCAL YEAR TO DATE

KENTUCKY ALTERNATIVE RECOVERY EFFORT (KARE) PROGRAM GRADUATES TO DATE

NCSBN selects Kentucky Board of Nursing for Funding to Implement Nurse Licensure Compact

NCSBN has issued the first contract award to the Kentucky Board of Nursing for its implementation of the NLC under a grant that NCSBN received from HRSA's Office for the Advancement of Telehealth.

CHICAGO – The National Council of State Boards of Nursing, Inc. (NCSBN) has issued the first contract award to the Kentucky Board of Nursing for its implementation of the Nurse Licensure Compact (NLC) under a grant that NCSBN received from the Health Resources and Services Administration's Office for the Advancement of Telehealth. NCSBN received the grant to work with state boards of nursing to reduce licensure barriers impacting telehealth and interstate nursing practice.

"We are very appreciative of this grant that will assist the Kentucky Board of Nursing to implement the NLC in a manner that best benefits our constituents," remarks Charlotte F. Beason, executive director of the Kentucky Board of Nursing.

Currently 22 states have passed the NLC law and 20 have implemented the mutual recognition model for nurse licensure. The NLC is modeled after the U.S. Drivers License Compact; it allows nurses who legally reside in an NLC state and meet the uniform core requirements to practice in other participating NLC states on the privilege to practice. Additionally, NCSBN pro-

motes the utilization of criminal background checks (especially FBI fingerprint checks) as one of its Delegate Assembly adopted uniform core requirements for state boards of nursing. In doing so, NCSBN is recognizing that by assisting all states in implementing this activity, it will advance licensure portability across the U.S.

NCSBN Board of Directors President Faith Fields comments, "We are excited to begin issuing the contract awards that will aid boards of nursing to initiate the NLC, and pleased to provide funding to the Kentucky Board of Nursing to support them in implementing their participation."

The National Council of State Boards of Nursing, Inc. (NCSBN) is a not-for-profit organization whose membership comprises the boards of nursing in the 50 states, the District of Columbia, and four U.S. territories.

Mission: The National Council of State Boards of Nursing (NCSBN), composed of Member Boards, provides leadership to advance regulatory excellence for public protection.

Inquiries about the Licensure Portability Grant or the NLC may be directed to Kristin Hellquist, NCSBN director of policy and government relations, by calling 312.525.3665 or e-mailing khellquist@ncsbn.org.

CONTINUING EDUCATION COURSES @ LEARNINGEXT.COM

Acclimation of International Nurses into US Nursing Practice

6.6 Contact Hours | \$40

Confronting Colleague Chemical Dependency

3.3 Contact Hours | \$20

Delegating Effectively

4.2 Contact Hours | \$25

Disciplinary Actions: What Every Nurse Should Know

4.8 Contact Hours | \$29

Diversity: Building Cultural Competence

6.0 Contact Hours | \$36

Documentation: A Critical Aspect of Client Care

5.4 Contact Hours | \$32

End-of-Life Care and Pain Management

3.0 Contact Hours | \$18

Ethics of Nursing Practice

4.8 Contact Hours | \$29

Medication Errors: Detection & Prevention

6.9 Contact Hours | \$41

Nurse Practice Acts CE Courses

Participants: AR, IA, ID, KY, MA, MN, MO, NC, ND, NM, NV, OH, VA, WV-PN/RN
2.0 Contact Hours | \$12

Patient Privacy

5.4 Contact Hours | \$32

Professional Accountability & Legal Liability for Nurses

5.4 Contact Hours | \$32

Respecting Professional Boundaries

3.9 Contact Hours | \$23

Sharpening Critical Thinking Skills for Competent Nursing Practice

3.6 Contact Hours | \$22

**UNLIMITED, 24-HOUR ACCESS
TO ENGAGING NURSING CE CONTENT
@ LEARNINGEXT.COM**



ncsbn learning extension
learningext.com

E-LEARNING FOR THE NURSING COMMUNITY

Enhancing Patient Care Delivery Systems through Improved Nursing Engagement

by **Joy M. Knight**, MSN, RN, formerly of Kentucky Hospital Association, and **Sherill Nones Cronin**, PhD, RN, BC, Bellarmine University

"This project is supported by funds from the Division of Nursing (DN), Bureau of Health Professions (BHP), Health Resources Services Administration (HRSA), Department of Health and Human Services (DHHS) under D66HP01376-01-00 and Nurse Education, Practice and Retention: Enhancing Patient Care Delivery Systems for \$675,500. The information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by the DN, BHP, DHHS or the U.S. Government."

Nursing is the largest health care profession with over 50,000 actively licensed registered nurses (RNs) in Kentucky alone. Although the turnover rate of nurses across the nation has diminished in the last few years, the rates are still of concern given the considerable expense turnover entails. According to a 2004 national poll of healthcare recruiters, the average turnover rate for RNs is 13.9 percent (Orlovsky, 2005). In Kentucky, overall turnover rate for hospital RNs has been 13 percent in each of the past three years (KHA, 2006).

Employee turnover is a substantial organizational cost, considering the expenses of recruiting, training, and orienting new employees. While most industries estimate this cost at approximately 25 percent of the employee's salary, replacement costs for nurses – especially in specialty areas – are often equal to or greater than twice that nurse's regular salary (Alspach, 2007). Workforce analysis data compiled by KHA indicates that approximately 50 percent of hospital employed RNs work in specialty areas (KHA, 2006). Hospital compensation pay data compiled this year by KHA indicates a 50th percentile staff RN hourly rate of \$23.26 (KHA, 2007). Therefore, a hospital employing nurses at an average annual salary of \$48,381 per nurse,

with 600 nurses and an average turnover rate of 13 percent, would be projected to spend approximately \$2.4 million per year in replacement costs alone. This is a very conservative estimate that assumes all replacement nurses are experienced; no differentials for specialty areas have been included in the calculation; non-specialty nurses are provided only three months of orientation; no specialty certification expenses are included; and specialty nurses are not provided the more extensive orientation noted by Alspach. If the methodology utilized by many nursing researchers for calculating this expense was used, the replacement expense would be more than doubled.

The SOARS Project

In October 2003, the Kentucky Hospital Association's (KHA) Research and Education Foundation was awarded a Health Resources and Services Administration grant to fund a statewide effort to improve nurse retention. The goal of the project, titled "Statewide Organizational Approaches to Retention Strategies" (SOARS), was to improve the retention rate of Kentucky hospital nurses and, through a more stable and consistent workforce, enhance patient care and outcomes. The first priority of the project was to conduct a nurse satisfaction survey to establish a baseline and to guide the development of enhanced retention strategies. The survey was distributed and completed by 6,400 nurses in 96 hospitals across Kentucky.

The results of the 2004 survey identified some key areas on which to focus initiatives to improve retention through education and multi-organizational collaboration. Between 2004 and 2006, a number of initiatives were implemented, including a series of educational programs for nurse managers and individuals aspiring to nursing leadership positions; statewide seminars targeted for human resource professionals, nurse recruiters, chief executive officers, chief nursing officers and retention officers; the assembling and sharing of a list of creative, best practice retention strategies being

used by hospitals across the state; heightening organizations' awareness of tools and techniques designed to improve nurse-physician communication (such as Situation, Background, Assessment, Recommendation – SBAR), and collaboration with nursing pre-licensure programs and Kentucky Board of Nursing regarding approaches to strengthen critical thinking and communication skills in new graduates. The SOARS project staff also held periodic District Meetings for hospital CEOs, CNOs, nurse directors and managers, human resource directors, nurse educators and nurse recruiters during the three years of the grant period in order to consistently disseminate SOARS information and increase awareness of nurse retention issues.

Findings of the 2006 RN Satisfaction Survey

Following implementation of the SOARS initiatives, a repeat survey was conducted in early 2006 to assess the project's impact. Throughout Kentucky, 19,436 surveys were distributed to nursing staff at 92 hospitals. The 92 hospitals participating in 2006 contrasted with 96 hospitals participating in 2004. In 2006 there were a total of 7,412 completed surveys returned for a response rate of 38.1 percent. Individual hospital response rates ranged from 3% to 100%, with a mean of 38.1 percent and equivalent representation from all four of the project's geographical districts.

The survey consisted of 23 items designed to measure nurses' satisfaction with key workplace factors identified in the literature as influencing retention. Items were rated on a 4-point Likert scale that ranged from 1=Strongly Disagree to 4=Strongly Agree, with higher scores indicating higher levels of satisfaction. Average scores on individual items ranged from a high of 3.17 ("My supervisor values strong teamwork") to a low of 2.58 ("I feel my pay is competitive with similar positions in this community").

When comparing overall nurse satisfaction scores for all hospitals, scores were 72.2 percent positive in 2004 and

continued on page 28





AMERICAN NURSING SERVICES, INC NURSE FIRST™ STAFFING

*Nursing & Allied Health Staffing
Local Assignments
Per Diem Contracts
100% Daily Instant Pay & Direct Deposit
Excellent Pay, Benefits & 401(k)
Monthly Incentives*



(800) 376-7479 or (859) 299-2339
2265 Harrodsburg Road, Suite 100, Lexington, KY 40504
www.american-nurse.com

EOE

lexington VA
1/6h

ivy tech 1/6h

OPEN

HIGHLANDS REGIONAL MEDICAL CENTER



**184 BEDS, NOT-FOR-PROFIT, OVER
100 MEMBER MEDICAL STAFF**

**JOINT COMMISSION ACCREDITED,
MEMBER OF AHA AND KHA**

**CERNER INFORMATION
TECHNOLOGY SYSTEM -
PAPERLESS MEDICAL RECORD,
CPOE, AND MORE...**

**COMPREHENSIVE CANCER
CENTER**

**GRADUATE MEDICAL EDUCATION
PROGRAM**

**LOCATED IN THE SCENIC
HIGHLANDS OF EASTERN
KENTUCKY
GOLF, BOATING, AND HIKING**

**QUALITY EDUCATION - TOP TEN
SCHOOL DISTRICT IN KENTUCKY**

WWW.HRMC.ORG

606-886-8511

HIGHLANDS
REGIONAL
The Medical Center of Eastern Kentucky

73.2 percent positive in 2006. This increase in nurse satisfaction was a statistically significant improvement. However, when comparing only the 2004 and 2006 satisfaction scores of hospitals that participated in both surveys, there was no significant difference between the two surveys (72.4 and 72.5 respectively; $p=.84$).

As compared to the 2004 survey results, two items were rated significantly higher in 2006. These items related to appropriate delegation of non-nursing tasks to unlicensed staff, and encouragement to develop professionally by supervisors; issues covered in the SOARS project nurse manager development programs. There were also two items for which the average rating was significantly lower from 2004 to 2006. One dealt with satisfaction with current workload (decreased from 2.853 to 2.768, $p<.001$); the other dealt with physician respect for the skill and knowledge of the nursing staff (from 2.91 to 2.79, $p<.01$). This latter item also dropped in its relative satisfaction ranking, from a ranking of 11 (out of 23) in 2004 to a ranking of 19 in 2006.

Table 1 contains the mean ratings for the factors with which nurses were the most and least satisfied. Remarkably, among the items rated the highest on this survey, only one was not in the top five rankings in the 2004 survey. The same holds true for those items rated lowest in both 2004 and 2006. This would seem to suggest that no appreciable changes have occurred in these areas.

The 2006 survey also included nine items that were adapted from the Institute for Safe Medication Practice

survey that was conducted in 2003 regarding workplace intimidation and its potential impact on patient safety (ISMP, 2004). These items were added in order to establish a baseline for comparison of Kentucky data regarding nurse/physician collegiality to national data for further study and evaluation. Although Kentucky nurses indicated that they experience less intimidating behavior by physicians than what was reflected in the national survey, 95.8 percent of them indicated that they had experienced some form of intimidation and RNs were more likely than LPNs to report that they had experienced intimidating behavior ($p<.001$).

Discussion

Overall, the findings of the SOARS 2006 survey suggest that nurses in Kentucky are generally positive about their current hospital employment situation. However, a number of areas were identified as needing further exploration and development.

Several of the lowest rated items deal with human resource (HR) issues. Since these issues can be key to the recruitment and retention of nurses, employers should focus on improving HR practices. The Kentucky Society of Healthcare Human Resource Administrators (KSHHRA), a chapter of the American Society of Healthcare Human Resource Administrators of the American Hospital Association, can assist in this endeavor. To obtain information regarding KSHHRA membership, refer to the following website: <http://www.ashhra.org/ashhra/about/index.html>, accessed on April 6, 2007.

Additionally, the need to streamline documentation was identified as a pri-

ority by respondents. Reduced time spent in documentation would allow nurses to use their valuable time more effectively. Hospitals should be encouraged to develop focus groups to explore alternate approaches to documentation. In addition, the following resources may be helpful: *Mastering Documentation*, Springhouse Publishing, 1999; *Nursing Documentation Charting, Recording, & Reporting*, by Eggland, Heinemann, & Shelly, 1994; *Chart Smart: The A to Z Guide to Better Nursing Documentation*, Springhouse, 2006; *Charting Made Incredibly Easy!* Springhouse, 2002. These resources have information on particular styles of streamlined charting. They are available from the SOARS project office at KHA for hospitals' use in the evaluation of their documentation processes.

Clearly, nurse-physician collegiality is an issue that demands increased attention. In a national survey of nurses, Ulrich and associates (2005) reported that nurses who were more likely to rate their work relationships with physicians as excellent or very good, were also more satisfied with their jobs. This finding suggests that promoting constructive communication and relationships between physicians and nurses is important for nurse retention. *The American Association of Critical Care Nurses' Standards for Establishing and Sustaining Healthy Work Environments* (2005) present guidelines that are critical to achieving skilled communication and true collaboration. Hospitals would be prudent to use these guidelines as they partner with physicians and nurses in the development of a healthy working environment. For

Table 1
Nurse Rankings of Areas of Highest and Lowest Satisfaction
(n=7,412)

HIGHEST RATED ITEMS		
Rank	Item	Mean Rating*
1	My supervisor values strong teamwork.	3.223
2	I feel that I can freely advocate for safe patient care.	3.131
3	My supervisor clearly communicates what is expected of me.	3.091
4	All things considered, I feel good about the quality of care in this facility.	3.089
5	I feel that my clinical competency is taken into consideration in making my patient care assignments.	3.082
LOWEST RATED ITEMS		
Rank	Item	Mean Rating*
23	I feel my pay is competitive with similar positions in this community.	2.637
22	The current process for nursing documentation is streamlined and effectively records patient care nursing initiatives.	2.662
21	The employee benefits offered by my facility are competitive with other facilities in my community.	2.740
20	The leadership at my facility values open and honest two-way communication.	2.743
19	Physicians at this facility show respect for the skill and knowledge of the nursing staff.	2.792

more information, refer to <http://www.aacn.org/AACN/hwe.nsf/vwdoc/HWEHomePage>, accessed on April 6, 2007. Also, the SOARS Project has developed a PowerPoint presentation entitled, "Improved Communication: Key to Optimizing Patient Outcomes." This presentation is available to hospitals embarking on the journey to improve collaboration among physicians and nurses.

Finally, as noted by Ulrich and colleagues (2005), the solutions to creating positive work environments for nurses are multifaceted. Healthcare organizations that truly want to improve workplace conditions for their nurses and achieve better outcomes for their patients should take the results of this and similar surveys and

"ask their nurses what resonates with them, listen to the answers, and then accept ownership of the problems and fix them" (p.395). The positive impact of identifying and implementing strategies to optimize nursing (as well as non-nursing employees) engagement has a compounding effect as RNs comprise only 25 percent of Kentucky's hospital workforce (KHA, 2006). The positive effect of employee engagement can reduce overall employee turnover and contribute significantly to a hospital's fiscal viability.

References: Alspach, G. (2007). *Retaining experienced critical care nurses. Critical Care Nurse*, 27(2), 8-20.
Institute for Safe Medication Practices

(2004). *Intimidation: Practitioners speak up about this unresolved problem. ISMP Newsletter*. Retrieved April 6, 2007 from <http://www.ismp.org/newsletters/acute-care/articles>.

Kentucky Hospital Association. (2006). *Workforce shortage survey*.

Kentucky Hospital Association. (2007). *2007 Pay Practice Report*.

Orlovsky, C (2005). *Health care survey shows trends in nurse recruiting*. Retrieved April 6, 2007 from <http://www.nursezone.com>.

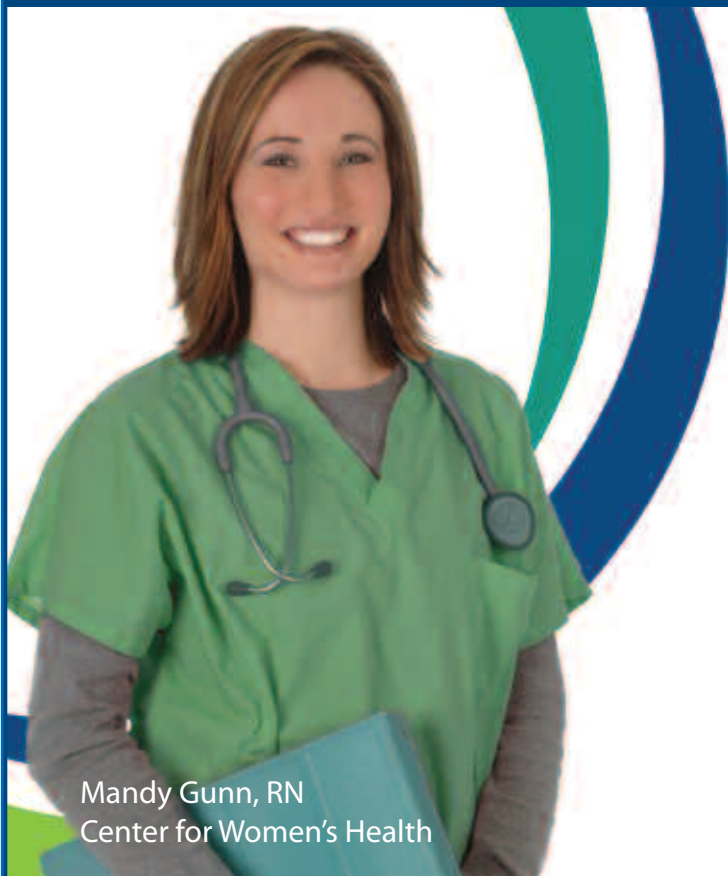
Ulrich, BT, Buerhaus, PI, Donelan, K, Norman, L, & Dittus, R. (2005). *How RNs view the work environment: Results of a national survey of registered nurses. Journal of Nursing Administration*, 35, 389-396.

Come Visit Us at the Kentucky State Fair August 16-26, 2007

KBN will have a booth this year in the South Wing of the Health Horizons Exhibitors Section of the Kentucky State Fair. We hope you will come to see us! While you are visiting our booth, you will be able to pick up valuable information about the many services provided by KBN, and gain insight into the new Nurse Licensure Compact that Kentucky implemented on June 1, 2007. If you are currently licensed in Kentucky, staff will be available to help you renew your license online with your nursing license number, the last four digits of your social security number, your birth date, and either a MasterCard or Visa credit or debit card or your bank routing number, and checking or savings account number.

Don't forget to stop by ... we look forward to talking to the nurses of our great Commonwealth!

VIEW OUR JOB LISTINGS ONLINE AT WWW.TROVERHEALTH.ORG



Mandy Gunn, RN
Center for Women's Health

500 Registered Nurses.

Trover Health System is the largest health care organization in western Kentucky, employing over 2000 people. This expansive teaching campus includes a 410 bed hospital and multi specialty clinic. A Heart Center, Women's Center, and Cancer Center are among it's 42 specialties. For more information about Trover Health System and its services call **800-500-0144** or visit our website at www.troverhealth.org.

- Competitive salary & benefits
- RN loan/scholarships available
- Recruitment retention bonus
- 8% differential for evening shift
- 10% differential for night shift
- Tuition assistance available for employees



EOE/M/F

open classified

LaTonia Denise Wright, R.N., J.D.

*Law Practice Limited to Representing,
Counseling, & Advising Nurses in
Licensure & Professional Practice Matters
in Ohio, Kentucky, & Indiana*

513-771-7266

www.nursing-jurisprudence.com

Health Coverage Made Easy.

**We offer Health
Coverage that's
ideal for...**

- Individuals without Group Coverage
- Independent Contractors
- Dependents and Students
- Self-Employed
- COBRA/Alternative
- Small Businesses
- Medicare Supplements



*Solutions with choices
are easy, for a FREE
quote just call...*

Laura Collard

Licensed Anthem Agent

(502) 889-2014

(800) 446-1558

www.LauraCollard-insurance.com

Anthem 

Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Kentucky, Inc. Independent licensee of the Blue Cross and Blue Shield Association.
©Anthem is a registered trademark. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

Caribbean Nursing Continuing Education Cruise

WWW.THINKABOUTITNURSING.COM
IN COOPERATION WITH THE ARKANSAS STATE BOARD OF NURSING



7 Day Eastern Caribbean Itinerary

DAY	PORT	ARRIVE	DEPART
Sun.	Miami		4:00 P.M.
Mon.	Nassau	7:00 A.M.	2:00 P.M.
Tues.	"Fun Day" at Sea		
Wed.	St. Thomas / St. John	9:00 A.M.	8:00 P.M.
Thurs.	St. Maarten	7:00 A.M.	6:00 P.M.
Fri.	"Fun Day" at Sea		
Sat.	"Fun Day" at Sea		
Sun.	Miami	8:00 A.M.	

*Optional shore excursion to St. John available.

Carnival
The Fun Ships.

Cruise Your Way to Nursing CE Credits

Who said Continuing Education can't be fun? We are changing that forever. Join ThinkAboutItNursing and Poe Travel for a CE Cruise that will cure your overworked blues with some *salsa and sun* on board Carnival's "Valor". While you're soaking up the Caribbean culture, you can earn your annual CE credits AND write the trip off on your taxes. How is that for paradise?

Prices for this cruise and conference are based on double occupancy (bring your friend, spouse or significant other please!) and **start as low as \$868 per person** (not including airfare). If you won't be attending the conference, you can deduct \$75. A \$250 non-refundable per-person deposit is required to secure your reservation for the cruise, BUT please ask us about our **CruiseLayAway Plan**.



**THE 2008 NURSING CARIBBEAN
EDUCATION CRUISE**
SUNDAY, APRIL 06, 2008

from

INTERIOR
\$868

OCEANVIEW
\$988

BALCONY
\$1158

For more information about the cruise, call or email
Teresa Grace at Poe Travel • toll-free at 800.727.1960 • tgrace@poetravel.com

University Hospital



“I’m sharing new ideas with a new generation of health care professionals.”

U should know: We are the only Level I Adult Trauma Center in the region.

University Hospital is a state-of-the-art, 404 bed acute care facility, providing a full range of diagnostic, therapeutic, emergency, and surgical services, including the area’s only Level I Trauma Center. As the primary adult teaching hospital for the U of L Health Sciences Center, we train the next generation of health care professionals. Our knowledge of the latest medical treatments and techniques means patients at University Hospital receive the most up-to-date treatment in the region.

University Hospital offers competitive wages and benefits. Some of our benefits include:

Medical, Dental, Life Insurance
Tuition Reimbursement
403(b) Plan

Retirement Plan
Long and Short-term Disability
Employee Recognition Programs

Please contact **Human Resources at 502-562-3156** for information on openings for **RN's** or visit our web site at **www.UofLHealthcare.org** for a list of openings.

Creating The Knowledge To Heal

a proud member of **UofL Health Care**



BEHIND THESE WALLS

THE REGION'S MOST ADVANCED HEALTHCARE IS DELIVERED BY THE MOST EXTRAORDINARY PEOPLE.

Walk the halls at King's Daughters and you'll see a strong sense of purpose within our team. It's in the dedicated nurses who help deliver quality healthcare every day.

King's Daughters Medical Center, located in Ashland, Kentucky, is the premier healthcare provider in the Tri-State area. KDMC has 385 beds, more than 3,500 employees, \$388 million in revenue, and has become the market leader in patient care for the region. KDMC is a growing and extremely successful not-for-profit, independent medical center.

KDMC has been named one of America's 100 Top Hospitals for three years in a row. We offer very competitive salaries plus an outstanding flex benefits package—including an on-site Child Development Center serving newborns, infants and children through preschool age.

For immediate consideration or to review available positions, please visit our web site at www.kdmc.com, to submit an application.



Top 5% in the Nation for
Cardiac Surgery Excellence



**KING'S
DAUGHTERS**
MEDICAL CENTER

Taking Medicine FurtherSM